Continued   Cont		HAUTED CTAT	TC SUBMIT IN	TRIPLICATE.	Budget Bureau No. 1 Expires-August 31, 1	
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form by proposals to drill yet to the property of the proposals to drill yet to the property of the proposals to drill yet to the property of the proposals to drill yet to the proposals to the proposals to drill yet to the proposals to the proposals the forepoints in the fore	Form 3160-5 (November 1983)	UNITED STAT COADTMENT OF THE	INTERIOR (Other lustr			
SUNDRY NOTICES AND REPORTS ON MELLS  (Do not use this four for proposals of the proposals.)  (I) One of use this four for proposals of the proposals.)  (I) One of use this four for proposals.)  (I) One of use this four four for proposals.)  (I) One of use this four four four four four four four four	(Formerly 9-331)	RUPEAU OF LAND MAD	NAGEMENT			
One not use this fore proportions from Perral II. One such proportion of the proport				6. 1	F INDIAN, ALLOTTEE OR T	THAN THIS
OLL ORDER OF OTHER STATES OF THE STATES OF T	SUNDR	Y NOTICES AND RE	pen or plug back to a different r	eservoir.	,	
S. TANK OF OFFIERS  E. PANK OF OFFIERS  E. PANK OF OFFIERS  Bonneville Fuels Corporation  Bonneville Fuels Corporation  1000 Broadway, Suite 1110, Denver, CO 80202  11-14  15. Corporation of The Internation of Control and in accordance with any State requirements.  123' FSL, 790' FWL  11- PERMIT MO.  11- SEASTATIONS (Show whether or, M, CS, ALC.)  12- Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Source or Internation To:  10- Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Source or Internation To:  11- THE WATER SHOTOFF PRACTICE CONTROLE CONTRO	(Do not use this for U	APPLICATION FOR PERMIT	" for such proposals.)		UNIT LABOREST NAME	
Bonneville Fuels Corporation  2. AUDREAR OF OFERTINE Bonneville Fuels Corporation  3. AUDREAR OF OFERTINE BOORD TO Addway, Suite 1110, Denver, CO 80202  4. WELL NO.  16. DECEMBER OF LIFE PROCESSATION 123' FSL, 790' FWL  17. TERMIT NO.  18. Check Appropriate Box Io Indicale Nature of Notice, Report, or Other Data Notice of Internation of International					ONIT TOREBREAT NAME	
Bonneville Fuels Corporation  7. ADDRESS OF OPERATOR  1. LOOD Broadway, Suite 1110, Denver, CO 80202  1. LOOT Broadway, Suite	WELL WELL	изито		8. 7	FARM OR LEASE NAME	
3. ADDRESS OF OPERATION 1600 Broadway, Suite 1110, Denver, CO 80202 14-14 16 LOCATION OF WALL (REPORT location clearly and in accordance with any State requirements.*  1123' FSL, 790' FWL 1123' FSL, 790' FWL 11. SEASON FOOL, OR WINCLE AND COLUMN AND COL		nneville Fuels Corpo	ration		Fullerton Fed	eral
1. DOLUMEN OF WILL (Report location clearly and in accordance with any State requirements.*  1123' FSL, 790' FWL  11. See also space 17 below.)  11. SEC. 7. 1. W. 1. SEC. 4. 100  12. SEC. 7. 1. W. 1. SEC. 4. 100  13. SEC. 7. 1. W. 1. SEC. 4. 100  14. SEC. 7. 1. W. 1. SEC. 4. 100  15. SEC. 7. 1. W. 1. SEC. 4. 100  16. SEC. 7. 1. W. 1. SEC. 4. 100  17. SEC. 7. 1. W. 1. SEC. 4. 100  18. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  10. SEC. 7. 1. W. 1. SEC. 4. 100  11. SEC. 7. 1. W. 1. SEC. 4. 100  12. SEC. 7. 1. W. 1. SEC. 4. 100  13. SEC. 7. 1. W. 1. SEC. 4. 100  14. SEC. 7. 1. W. 1. SEC. 4. 100  15. SEC. 7. 1. W. 1. SEC. 4. 100  16. SEC. 7. 1. W. 1. SEC. 4. 100  17. SEC. 7. 1. W. 1. SEC. 4. 100  18. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 100  19. SEC. 7. 1. W. 1. SEC. 4. 10				9.	WBLL NO.	
Easin Fruitland  11. Security of well (Report location clearly and in accordance with a security and	160	)2				
11. SEC., T. S. W. OF RELLAND  11. SEC., T. S. W. OF RELLAND  11. SEC., T. S. W. OF RELLAND  12. CODATI OF ARABID 13. STREET  13. STREET RAISING (Show whether or, NT, OR, etc.)  14. TERMIT NO.  15. CLECK Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTERPRIOR TO:  TEST WATER SHUT-OFF FRACTURE TREAT  SHOOT OR ACTIONISM  NOTICE OF INTERPRIOR OF SHATE CASING  NOTICE TREAT  SHOOT OR ACTIONISM  (Other)  SHOOT OR ACTIONISM  SHOOT OR ACTION OR ACTIONISM  SHOOT OR ACTIONISM  SHOOT OR ACTION OR ACTIONISM  SHOOT OR ACTIONISM  ALBERTON OR ACTION OR ACTIONISM  SHOOT OR ACTION OR ACTIONISM  SHOOT OR ACTION OR ACTIONISM  SHOOT OR ACTION OR ACTION OR ACTIONISM  SHOOT OR ACTION OR ACTION OR ACTIONISM  SHOOT OR ACTION O	1. LOCATION OF WELL (Repo	ort location clearly and in accords	nce with any State requirements	.• 10.		
14. TERMIT NO.  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  11. TERMIT NO.  12. CODETT OF PARISH  13. STATE  San Juan NM  14. TERMIT NO.  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  17. STATE TRANSPORTED TO THE TOWN	At surface	11.	11. SEC., T., E., M., OR BLK. AND			
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date  NOTICE OF INTERFETOR TO:  **REPART WALL** SIDE OF SATES ANDON**  **REPART WALL** SIDE OF SATES AND		1125 151,	/ 70 T W L		SURVET OR AREA	
16. Check Appropriate Box To Indicale Nature of Notice, Report, or Other Data  SUBSQUENT ENFORT OF:  SUBSQUENT						
16. Check Appropriate Box To Indicale Nature of Notice, Report, or Other Data  NOTICE OF INTERTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OF ACTIDIE SHUTCHES COMPLETE ABANDON* SCHANGE PLANS (Other)  17. INDICATES FRONTISCO OF PLANS (Other)  18. I hereby certify that the foregoing is true and correct SHONED  TILLE AND AND ALTER COMPLETE SHOW THE ABANDON OF ACTION OF A	14 PERMIT NO.	15. ELEVATIONS (S	how whether DF, RT, GR, etc.)	12.		
NOTICE OF INTENTION TO:  TEST WATER SHOT-OFF FRACTURE TREAT SHOOT OF ACHDIEN SHOW THE SHOOT OF ACHDIEN (Other)  17. Intercance Frencesto On Completion or traations (Clearly state all perfunct details), and give perfunct date does form.  18. Intercance Frencesto On Completion of the Show			6256'GR		San Juan	NM
NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FULL OR ALTER CLRING WATER SHUT-OFF FRACTURE TREAT  SHOOT OR ACIDITE SHOWS THAT SHOOT OR ACIDITING CASING ABANDON TO THAT SHOOT OR ACIDITING CLRING TREAT SHOOT OR ACIDITING CLRING TREAT SHOOT OR ACIDITING CLRING TRANSPORT (Other)  17. INCREMENT FRANKON If well is directionally drilled, give subsurface locations and measured and true retrical depths for all markers and to this work.)  Change BOPE system from 3M system to a 2M system and use target tees (high pressure when necessary.  18. I hereby certify that the foreyoing is true and correct SIGNED Town May TITLE Inquiring Tick. DATE 11/6/90  [This space for Federal or State affice use]	14	CL J. A secondate Box To	Indicate Nature of Notice	Report, or Othe	r Data	
TEST WATER SHUT-OFF  PACTURE TREAT SHOOT OR ACIDIE  ADAPPON'  (Other)  (Oth			1	BUBBEQUENT	REPORT OF:	
TRACTURE TREAT  FRACTURE TREAT  SHOOT OR ACIDITE  (Other)  17. DISKTRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work, if well is directionally drilled, give subsurface boatsons and measured and true vertical depths for all markers and tones per necessary.  Change BOPE system from 3M system to a 2M system and use target tees (high pressure when necessary.  18. 1 bereby ceptify that the foregoing is true and correct significant and the system and	NOT				REPAIRING WELL	
SHOOT OR ACIDIES  ABANDON*  ABANDON*  ABANDON*  (Other)	TEST WATER SHUT-OFF	) <del></del>	'"	[]		
APPROVED BY  Other)  Other)  Note: Report results of multiple completion on Well Completion or Recompletion for Recompletion and Log form.)  Note: Report results of multiple completion on Well Completion or Recompletion for Recompletion for Completion or Recompletion for all markers and Log form.)  It is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and some personal content to this work.)  Change BOPE system from 3M system to a 2M system and use target tees (high pressure when necessary.  18. I hereby certify that the foregoing is true and correct slined.  Sinned Logic Mode Tritle Engineering Tucks.  OATH 11/6/90  (This space for Federal or State office use)		<del></del>		11	ABANDON MENT*	
(Other)  North (North Completion Recompletion Report and Log form.)  To instant promiss on completion or starting promised work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)  Change BOPE system from 3M system to a 2M system and use target tees (high pressure when necessary.  The recompletion		<del></del>	(Other) _		144 )	
17. DESCRIBE PROPOSED ON COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated are of attring proposed war. I well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones personed when to this work.)  Change BOPE system from 3M system to a 2M system and use target tees (high pressure when necessary.  18. I hereby certify that the foregoing is true and correct significant markers and correct significant markers. The improvement of the personed in the foregoing is true and correct significant markers and tones personed and true vertical depths for all markers and sones personed and true vertical depths for all markers and true vertical depths for all markers and true vertical depths for all markers and true vertical depths for			Comu	detion or Recompletion	u Rebott and rok torm.)	
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Uch. DATE 11/6/90  (This space for Federal or State office use)	•		to a 2M system and u	se target tee	es (high pressu	re wher
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Uch. DATE 11/6/90  (This space for Federal or State office use)	•					
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Uch. DATE 11/6/90  (This space for Federal or State office use)						
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Uch. DATE 11/6/90  (This space for Federal or State office use)		,				
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Uch. DATE 11/6/90  (This space for Federal or State office use)						
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Uch. DATE 11/6/90  (This space for Federal or State office use)				The second		
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Uch. DATE 11/6/90  (This space for Federal or State office use)						
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Uch. DATE 11/6/90  (This space for Federal or State office use)	•					
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Uch. DATE 11/6/90  (This space for Federal or State office use)				ي مالا	theod,	
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Tech. DATE 11/6/90  (This space for Federal or State office use)				this reco	g (5.54.) ■	
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Tech. DATE 11/6/90  (This space for Federal or State office use)				ه د د ما او د ما د ما	30 (14 W)	
18. I hereby certify that the foregoing is true and correct  SIGNED Way TITLE Engineering Tech. DATE 11/6/90  (This space for Federal or State office use)				અંધિ 8.	3	
SIGNED TITLE Engentlering UCL: DATE //6/10  (This space for Federal or State office use)  APPROVED BY  TITLE					-r•	
SIGNED TITLE Engentlering UCL: DATE //6/10  (This space for Federal or State office use)  APPROVED BY  TITLE						
SIGNED TITLE Engineering UCL: DATE //6/10  (This space for Federal or State office use)  APPROVED BY  TITLE						
SIGNED TITLE Engineering UCL. DATE //6/10  (This space for Federal or State office use)  APPROVED BY  TITLE						
(This space for Federal or State office use)  APPROVED BY  TITLE	18. I hereby ceptify that	he foregoing is true and correct				90
(This space for Federal or State office use)  DATE  TITLE  DATE	SIGNED	is Moly	TITLE Ingeneeum	q ucu.	DATE _///6/	
APPROVED BY TITLE DATE		al or State office use)				
APPROVED BY APPROVAL, IF ANY:		-	TITLE		DATE	
	APPROVED BY CONDITIONS OF AP	PROVAL, IF ANY:			APPROVE	E D

\*See Instructions on Reverse Side

NOV 0 9 1990 AREA MANAGER

ovember 1983)	DEPARTMENT OF THE INT	FRIOR (Other Instructions on re-	5. LEASE DESIGNATION AND SERIAL NO.
ormerly 9-331)	BUREAU OF LAND MANAGE	MENT	SF-078094
			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUND	RY NOTICES AND REPOR	plug back to a different reservoir.	
(Do not use this fo	orm for proposals to drill or to deepen or Use "APPLICATION FOR PERMIT—" for	such proposals.)	7. UNIT AGREEMENT NAME
WELL GAS WELL	OTHER		8. FARM OR LEASE NAME
NAME OF OPERATOR	onneville Fuels Corporation	on : 3351	Fullerton Federal '
	Mileville racia scipcia		9. WELL NO.
ADDRESS OF OPERATOR	600 Broadway, Suite 1110,	Denver, CO 80202	24-14
LOCATION OF WELL (Re	port location clearly and in accordance wi	th any State requirements.	10. FIELD AND POOL, OR WILDCAT
See also space 17 belov	Basin Fruitland		
	1123' FSL, 790	' FWL	TIL BURYBY OR AREA
			14M T27N R11W
	15. ELEVATIONS (Show who	ether pr. ST. GR. etc.)	12. COUNTY OR PARISH 13. STATE
. PERMIT NO.	625	6 ' GR	San Juan NM
		Alexandra Parast as	Other Data
	Check Appropriate Box to India	cale Nature of Notice, Report, or	DENT REPORT OF:
1	OTICE OF INTENTION TO:	- Tobase	
TEST WATER SHUT-OF	PULL OR ALTER CASING	WATER SHUT-OFF	ALTERING CASING
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ABANDONMENT*
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	
REPAIR WELL	CHANGE PLANS	(Other) (Norm: Report resul	a of multiple completion on Well
(Other)	COMPLETED OPERATIONS (Clearly state all well is directionally drilled, give subsurfa		pletion Report and Log form.) s. including estimated date of starting a
Casing will be	osed Casing and Cementing : 7 7/8". Casing 5 1/2" 15		
Cement t	x $65/35/6$ with $2\%$ Cacl <sub>2</sub> , <sup>1</sup> roperties: $12.7$ ppg, yiel x Class 'B' with $1\%$ Cacl <sub>2</sub> :	d 1.72 ft³/sx. + 0.2% fluid loss additiv	
Cement	roperties: 15.6 ppg, yiel	u 1.1/ 10/3A.	
Cement p	roperties: 15.6 ppg, yiel	t 1.17 10/3X.	
Cement p	roperties: 15.6 ppg, yiel		Nove 01990
Cement p	roperties: 15.6 ppg, yiel		
Cement p	,		NOVE 0 1990 OIL CON. DIV. \DIST. 3
Cement p	,		NOV2 0 1990 OIL CON. DIV. LDIST. 3
Cement p	,	LE Engineering Tachne	NOVE 0 1990 OIL CON. DIV. LOIST. 3
Cement p	t the forggoing is true and correct  Moly TIT		OIL CON, DIV LOIST. 3
Cement p	t the foregoing is true and correct  Moly TIT  Teral or State office use)		NOVE 0 1990 OIL CON. DIV. LOIST. 3

FARMINGTON S